## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

020030-0004004

|  |  | l<br>(Colur                               | (Column 2)  |                       | SMALL ENTITY TYPE                       |                      | OR       | OTHER THAN OR SMALL ENTITY |                        |    |             |                        |  |
|--|--|---|-------------|-----------------------|---|----------------------|----------|----------------------------|------------------------|----|-------------|------------------------|--|
| ТО   | TAL CLAIMS   |   | 22          |                       |   |                      | ſ        | RATE                       | FEE                    |    | RATE        | FEE                    |  |
| FOR NUMBER FILED   |  |   |             |                       | NUMBI                                   | ER EXTRA             |          | BASIC FEE                  | 370.00                 | OR | BASIC FEE   | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS 20 minus 20                      |  |   |             |                       | * 2                                     |                      |          | X\$ 9=                     | 18                     | OR | X\$18=      |                        |  |
| INDEPENDENT CLAIMS 7_minu                                |  |   |             | nus 3 =               | 3 = *                                   |                      |          | X42=                       | .,,                    | OR | X84=        |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |  |   |             |                       |   |                      |          | .140-                      |                        |    | +280=       |                        |  |
| * If the difference in column 1 is less than zero, enter |  |   |             |                       | r "0" in c                              | column 2             | 1        | +140=                      | 202                    | OR |             |                        |  |
| CLAIMS AS AMENDED - PA                                   |  |   |             |                       |   |                      |          | TOTAL                      | 3 <b>-8</b> -8         | OR | TOTAL OTHER | THAN                   |  |
| (Column 1)   |  |   |             | (Column 2) (Column 3) |   |                      |          | SMALLE                     | ENTITY                 | OR | SMALL       | 1                      |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA     |          | RATE                       | ADDI-<br>TIONAL<br>FEE |    | RATE        | ADDI-<br>TIONAL<br>FEE |  |
| NO NO  | Total  | *   | Minus       | **                    |   | =                    |          | X\$ 9≓                     |                        | OR | X\$18=      |                        |  |
| AME  | Independent  | ***                                       | Minus       | ***                   | 1104                                    | ]=                   |          | X42=                       |                        | OR | X84=        |                        |  |
|  | FIRST PRESE  | NTATION OF MU                             | JLTIPLE DEF | 'ENDEN                | T CLAIM                                 |                      |          | +140=.                     |                        | OR | +280=       |                        |  |
|  |  |   |             |                       |   |                      | l        | TOTAL                      |                        | OB | TOTAL       |                        |  |
|  |  | (Column 1)                                | (Column 3)  | ,                     | ADDIT. FEE                              | <sup>10</sup> - x lo |          | ADDIT. FEE                 |                        |    |             |                        |  |
| AMENDMENTB   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUM<br>PREVI  | IMN 2)<br>HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA     |          | RATE                       | ADDI-<br>TIONAL<br>FEE |    | RATE        | ADDI-<br>TIONAL<br>FEE |  |
| NOW  | Total  |   | Minus       | **                    |   | =                    |          | X\$ 9=                     |                        | OR | X\$18=      |                        |  |
| AME  | Independent  | 11 10 10 10 10 10 10 10 10 10 10 10 10 1  | Minus       | ***                   |   | =                    |          | X42=                       |                        | OR | X84=        |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |             |                       |   |                      | ]        | +140=                      |                        | OR | +280=       | 2                      |  |
|  |  |   |             |                       |   |                      |          | TOTAL                      |                        |    | TOTAL       |                        |  |
|  |  | (Column 1)                                |             | (Colu                 | ımn 2)                                  | (Column 3)           |          | ADDIT. FEE                 |                        |    | ADDIT. FEE  |                        |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |             | HIGH<br>NUM<br>PREVI  | HEST<br>MBER<br>HOUSLY<br>FOR           | PRESENT<br>EXTRA     |          | RATE                       | ADDI-<br>TIONAL<br>FEE |    | RATE        | ADDI-<br>TIONAL<br>FEE |  |
| MO   | Total  | *   | Minus       | **                    |   | =                    |          | X\$ 9=                     |                        | OR | X\$18=      |                        |  |
| ME   | Independent  | *   | Minus       | ***                   |   | =-                   | <b>]</b> | X42=                       |                        | OR | X84=        |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |             |                       |   |                      | 1        | +140=                      |                        |    |             |                        |  |
| *  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |             |                       |   |                      |          |                            |                        | OR | +280=       |                        |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |             |                       |   |                      |          |                            |                        |    |             |                        |  |